



ATTACHMENT

FY 2005 Pesticide Enforcement State Cooperative Agreement FIFRA WPS END OF YEAR REPORTING

~~~~~INSTRUCTIONS~~~~~

FROM: Yvette P. Hellyer, TPED (2245A) for WPS Coordination
TO: Regional WPS Coordinators

INTRODUCTION

In a continuing attempt to develop standardization for reporting work activities relating to the FIFRA WPS program, OECA is encouraging EPA Regional Pesticide Programs use the following 'template' format. Its intended use is to collect a subset of standard information from which develop a national presentation about the year end's review of activities, and thus continue to track and monitor progress.

END OF YEAR REVIEW FORM

Once again, the End of Year Review Form is available electronically. The Form follows a set of information sought from WPS-specific inspections conducted and enforcement activities completed in FY 02 pursuant to 40 CFR § 170 and FIFRA § 12(a)(2)(G) [for misuse]. See the ~ DIRECTIONS FOR REVIEWER.

PROCESS STEPS AND TIME LINE

AUGUST 1 2005 to JANUARY 30, 2006 - EOY Review Period

OECA recognizes not all Pesticide Lead Agencies operate during the same fiscal year calendar as EPA (Oct. 1 through Sept. 30th). Therefore, the Regional WPS Coordinator shall take the lead coordinating the submission of completed End of Year Reviews to OECA. Regional WPS Coordinators are asked to be the point of contact between their region and OECA for issues/questions, comments, revisions, suggestions, *etc.*, as the need arises. Coordinators are will be asked to report the progress of the End of Year Reviews periodically by email and monthly conference calls.

DEADLINE JANUARY 30, 2006

REGIONAL EOY REVIEWS - All completed End of Year Review forms should be reviewed by the WPS Coordinator for completeness. Send forms electronically to OECA's Toxics & Pesticides Enforcement Division contact, Yvette Hellyer, at email address: hellyer.yvette@epa.gov or by inhouse pouch mail. Forms may be submitted electronically (as preferred) or by hardcopy. An electronic receipt will be provided to the Coordinator.

Please Contact Yvette Hellyer by phone (202/564-4033) or email (hellyer.yvette) if you have any questions.

I look forward to working with you.

Directions for Reviewer

Contact Yvette Hellyer (202/564-4033, hellyer.yvette@epa.gov) if you encounter problems with completing this form.

Reviewer completes this form with the information provided in file. If information is not available and should be provided, mark "unable to determine." Review should note missing information in the comments section.

Reviewers

Unless otherwise specified, responses are in the form of a check mark (**T**) or Y (yes) / N (no) as indicated. Suggestions for completing certain sections are provided in *italics*.

Additional information provided wherever relevant will help OECA further with the end of year analysis.

When reviewing a file, Reviewer should question if the file contains all the necessary information need to determine the outcome accurately?

Thank you

FIFRA Worker Protection Standard

End of Year File Review - FY 05 Reporting Period

1	REGIONAL OFFICE:	
	STATE/TRIBE/TERRITORY PESTICIDE LEAD AGENCY:	
	File Reviewer:	

2 Use Inspection Information		
a	Facility Name/City:	
b	Type of agriculture establishment inspected: (T) <input type="checkbox"/> Farm <input type="checkbox"/> Greenhouse <input type="checkbox"/> Nursery <input type="checkbox"/> Forest Operation <input type="checkbox"/> Other <input type="checkbox"/> Unable to determine. If so, why:	
c	The inspection was conducted of the - - (T) most applicable)	
	FIFRA § 14(a)(1) <input type="checkbox"/> Commercial Applicator hired by the ag establishment. <input type="checkbox"/> Commercial Applicator place of business.	FIFRA § 14(a)(2) <input type="checkbox"/> The agricultural establishment employer(s) <input type="checkbox"/> A Private Applicator <input type="checkbox"/> A "For-hire" Applicator hired by the ag establishment.
	Applicator business name/city if different from ag establishment where inspection took place :	Applicator business name/city if different from ag establishment where inspection took place:
d	Was inspection - (T) <input type="checkbox"/> Routine (also known as Random, Planned or Targeted) <input type="checkbox"/> For Cause (if this was a Misuse inspection, check For Cause and go to section 3(b). A comprehensive inspection should have been conducted.) <input type="checkbox"/> Other: _____	
f.	Was inspection conducted with EPA?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3.	For Routine Use Inspection
a. (T)	<input type="checkbox"/> Tier I Inspection conducted <input type="checkbox"/> Tier II Inspection conducted
b.(T)	<input type="checkbox"/> Completed all of the WPS data elements successfully? <input type="checkbox"/> Completed majority of the WPS data elements successfully? <input type="checkbox"/> Not Completed the majority of the WPS data elements successfully?
c.	Y/N <input type="checkbox"/> Were farm workers interviewed? Y/N <input type="checkbox"/> Were handler workers interviewed?
d.	If no workers were interviewed, what Rationale was provided? (T) <input type="checkbox"/> None were present on the facility at the time of inspection. <input type="checkbox"/> Employer did not provide or allow inspector to conduct interviews with workers upon request. <input type="checkbox"/> Workers did not wish to be interviewed. <input type="checkbox"/> Inspector was not able to interview workers because of language. <input type="checkbox"/> Other: _____
e.	Date of inspection --

Yes	No	Unable to Determine	4. Case Development Information
			a. Was inspection pre-announced?
			b. Were Inspector Credential presented?
			c. Was a Notice of Inspection provided?
			d. Was a Receipt for Samples needed?
			Was it provided?
			e. Were copies and/or photos of the labels obtained during inspection?
What were the pesticide products/EPA Reg. No(s). identified in the inspection? 1. 2. 3.			
			f. Were photos taken during inspection of other WPS elements?
			g. Were statements collected to gather information?

			h. Was an inspection checklist used adequately?
			i. Was an inspection report completed?
			j. Was this Inspection referred to your Regional Office by the SLA?

5. ENFORCEMENT	
a. Did this inspection result in - - (U)	
	an enforcement action for WPS-specific noncompliance?
	an enforcement action for another type of violations?
	a no-action, case closure (no violations)?
	a pending final determination?
	Unable to determine.
b. If enforcement was taken, what was it? --- provide date of issuance	
	Warning letter ---
	Stop Use / Quarantine ---
	Civil action ---
	Criminal action ---
	Administrative Hearing ---
c. Was a penalty issued? Yes[___]No[___] If yes, \$ _____	
d. Is the case settled regardless of when the inspection occurred? Yes[___]No[___]	
e. Is the enforcement consistent with the applicable enforcement response policy? Yes[___]No[___] If no, why?	
f. List Pesticide Name /EPA Reg. No(s). cited with violation(s): (1) (2) (3)	
g. Summary of violation(s): (T all as applicable)	

5. ENFORCEMENT

- ☐ Pesticide Safety Training
- ☐ Pesticide Applications
- ☐ Central Posting
- ☐ Notice of Application
- ☐ Entry Restrictions
- ☐ PPE
- ☐ Mixing/loading, Application equipment & Applications
- ☐ Decontamination/supplies
- ☐ Pesticide Exposure Incidents
- ☐ Information Exchange - Commercial Applicators & Growers
- ☐ Emergency Assistance
- ☐ Employee Refusals
- ☐ Retaliation

6. Reviewer's Comments

You Rate the Report overall as? ☐High ☐Medium ☐Low

Why?

Other
Comments: